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32294 7590 05/04/2007				Cor	rtificate of l	Mailing or Trans	niction
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TYSONS CORNE	T	(Depositor's name)					
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, i				(Date)			
APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED INVENTOR	ENTOR ATTORNEY DOCKET N		Y DOCKET NO.	CONFIRMATION NO.
09/820,029 03/28/2001 Jeffrey Wissi				NC17377 3683			
FITLE OF INVENTION: POST EXTENDER FOR VOICE FALLBACK IN A SUBSCRIBER LINE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSU	E FEE TO	OTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	08/06/2007
EXAMINER ART I		ART UNIT	CLASS-SUBCLASS	J			
MOORE, IAN N 2616			370-352000				
1. Change of correspondenc CFR 1.563). Change of correspon Address form PTO/SB/1 "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME ANI PLEASE NOTE: Unless recordation as set forth i	dence address (or Chai 22) attached. tion (or "Fee Address" or more recent) attach	nge of Correspondence Indication form ed. Use of a Customer	or agents OR, alternat (2) the name of a sing registered attorney or 2 registered patent att- listed, no name will be THE PATENT (print or ty	so full to 3 registered patent attorneys alternatively, of a single firm (having as a member a omey or agent) and the names of up to attent attorneys or agents. If no name is a will be printed.			
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Wi-LAN,		Canada					
Please check the appropriate		rinted on the patent):	: 🗆 Individual 🖾 Corporation or other private group entity 🗀 Government				
4a. The following fee(s) are submitted: \$\square\$ A check is enclosed. \$\square\$ Publication Fee (No small entity discount permitted) \$\square\$ A check is enclosed. \$\square\$ Payment by credit card. Form PTO-2038 is attached. \$\square\$ The Director is hereby subtrized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _19=2555_ (enclose an extra copy of this form).							
5. Change in Entity Status (from status indicated above) a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).							
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Authorized Signature	CA	1. Wh		Date Ju			
Typed or printed name Robert A. Hulse				Registration No. 48,473			
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450. Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							